

**Alabama Medicaid Agency
RFP Number 2015-MCMS-01
Questions and Formal Responses**

Row	Page #	Section	Question	Medicaid's Response
1	41	III, B. Price	Should the details to support the development of the firm and fixed price component be included in the original Proposal or under separate seal?	The details to support the development of the firm and fixed price component must be included in the original Proposal.
2	49	VII, L. Submission Requirements, Price	Should the RFP Cover Sheet be included in the original Proposal binder or under separate seal?	The RFP Cover must be included in the original Proposal binder.
3	49	VII, N. Submission Requirements, Copies Required	Are four electronic copies of the Proposal on CD, jumpdrive or disc required?	Yes
4	49	VII, N. Submission Requirements, Copies Required	Are there any limitations regarding the number of pages included in the Proposal and/or attachments?	No
5	51	IX.C. General Terms and Conditions, Term of the Contract	Is the contract period actually from January 1, 2016 to September 30, 2016 at 11:59 p.m. unless an RCO has not assumed management of maternity service in a district or region?	No, as stated in IX. General Terms and Conditions, C. Term of Contract "Medicaid will enter into one contract for each of the 14 geographical districts for 12 month period commencing January 1, 2016 through December 31, 2016."
6	51	IX.C. General Terms and Conditions, Term of the Contract	Is the extension option for an additional contract year for up to a total of four contract extensions included in case an RCO is not in place?	The term of an RFP can be up to five years. The greatest extension option was chosen to ensure continuity of care to maternity recipients.

7	63	XIII. Contract Ending Transition and Implementation Plan from Vendor to RCO	If an RCO has assumed management of maternity service, is October 1, 2016 - December 31, 2016 included in the contract period only for the submission of outstanding claims and resolution of billing issues?	Yes, as stated in XIII. Contract Ending Transition and Implementation Plan from Vendor to RCO “The Vendor will be responsible for services performed up to 11:59 pm CT on September 30, 2016.” The Vendor will have from October 1, 2016 through December 31, 2016 to submit outstanding claims and resolve all billing issues.
8	63	XIII. Contract Ending Transition and Implementation Plan from Vendor to RCO	Will the Vendor submit fee-for-service claims to HP on behalf of subcontractors for services rendered to recipients who have not delivered by September 3, 2016 at 11:59 p.m. rather than submit claims through the Administrative Review process?	No, the Vendor will submit fee-for-service claims to Medicaid for Administration Review and not to HP for services performed by a DHCP up to 11:59 pm CT on September 30 , 2016 for patients who have not delivered as of 11:59 pm CT on September 30, 2016.
9	63	XIII. Contract Ending Transition and Implementation Plan from Vendor to RCO	How would a subcontractor submit claims (not previously submitted to Vendor) for services rendered to recipients who have not delivered by September 30, 2016 at 11:59 p.m. after December 31, 2016?	The subcontractor will not submit claims to Medicaid. The Vendor will ensure subcontractors claims are submitted timely and before December 31, 2016. Any outstanding claims submitted by the Vendor past December 31, 2016, will be reviewed and resolved on an as needed basis.
10	64	Appendix A, Proposal Compliance Checklist	A. Are client references required?	A. Yes, three client references are required. Please refer to Amendment I of the RFP.
			B. If so, what identifying information is required?	B. References must include projects of similar size and scope, including contact name, title, telephone number, and address. Vendors may not use any Alabama Medicaid Agency personnel as a reference. Please refer to Amendment I of the RFP.
			C. What is the specified format and order?	C. References must include projects of similar size and scope, including contact name, title, telephone number, and address. Vendors may not use any Alabama Medicaid Agency personnel as a reference. Please refer to Amendment I of the RFP.

11	54	Operational Manual, Section VIII, E, 3D.	A. If encounter data that was not anticipated is received after 90 days of the date of delivery, how should that be handled/submitted?	A. Any encounter claims data received after 90 days of the date of delivery must be handled/submitted through the encounter claims data submission process to HP.
			B. Should that data be submitted upon receipt?	B. Yes
12			A. Is the required price a determining factor in the bid award?	A. Yes
			B. If so, how is that computed into the score?	B. The price is not computed into the score but will be reviewed by Medicaid. The Price will also be reviewed and considered by Medicaid's certified actuaries to determine actuarial soundness.
			C. If not, why is it required?	C. Medicaid must pay within the actuarially sound rate ranges determined by its actuaries per Federal regulations.
13			A. Should a sample contract be included in the proposal?	A. No
			B. If so, should it be one for each provider type (DHCP, radiology, etc.)?	
14			In the ITB issued in 2014, the original intent was that encounter data would be required to be submitted at some point and it would be implemented prospectively. The change to require retroactive encounter data to be submitted back to 1/1/15 was not announced until early 2015. Given the short time frame for implementation and the difficulty in implementing something this	<p>Reference Section III C.1 which states in part "CMS defines actuarially sound rates as meeting the following criteria: Rates developed in accordance with generally accepted actuarial principles and practice."</p> <p>The CY13 and CY14 financials provided by the Districts will serve as the base data used for the development of the CY16 actuarially sound rate range development. The encounter data submitted by 8/17/15 will be utilized to help guide the trend assumptions for the CY16 rate development.</p>

			significant retroactively, there is a likelihood of errors and incomplete data. Will Optumas consider this and account for this possibility in the weighting of the encounter data for purposes of determining actuarially sound rates?	
15	41	III. B Pricing	This section provides that a firm and fixed price must be provided for “each year” of the contract. Does this mean that the bid price for services provided in 2016 could differ from the bid price offered for services provided in 2017 or thereafter? For example, could a Vendor bid \$XXXXXX for year 1 of the contract and increase the bid price by 10% for subsequent years?	No, the bid price is firm and fixed for each year of the contract. Actuarial reviews will be completed annually and as needed to keep all payments actuarially sound. Please refer to Amendment I of the RFP.
16	51	IX.C. General Terms and Conditions, Term of the Contract	Is it possible that a Vendor could be required to provide services to a small percentage of its patient population once the majority of patients transfer to the RCO? The concern is that a Vendor might be required to provide substantial services to a few patients without the revenue needed to support such services.	No, the Vendor will not be required to provide services to a small percentage of its patient population once the majority of patients transfer to the RCO.
17	46	VI.b.4 Corporate Background and References	Please identify the types of personnel that you consider to be Senior Managers and Partners. Does this include Vendor’s board members? Mid-Level staff such a Director of Care Coordination?	The following list contains examples of types of personnel that a Vendor may consider to be Senior Managers and Partners. Senior Managers and Partners in regards to this contract may include, but not limited to, board members, mid-level staff such as a Director of the organization, Director of Care Coordination and Care Coordinators.

18	63	XIII. Contract Ending Transition and Implementation Plan from Vendor to RCO	The first paragraph in this section provides that: “The Vendor will not receive a global payment for deliveries occurring after September 30, 2016. The Contractor may bill Medicaid fee-for-service for services performed by a DHCP up to 11:59 p.m. CT on September 30, 2016 for patients that have not delivered as of 11:59 pm CT on September 30, 2016.” Does the reference to “Contractor” in the second sentence refer to the Vendor?	Yes
19	27	II.O.3.5. Payment for Services Rendered	Please confirm that teaching physicians under the state plan to include Family Practice will fee-for-service for “routine” maternity care services provides as per the updated State Plan AL-11-022, 4.19B and the vendor will bill an Administrative Collaborative Fee.	Yes, if the physician meets the guidelines as outlined in State Plan AL-11-022, 4.19B and if the Vendor meets all the requirements to receive an Administrative Collaborative Fee for enrolled recipients who are transferred to high risk care as outlined in Section II.5 High Risk Transfers / Reimbursement Methodology.
20	51	IX.C. General Terms and Conditions, Term of the Contract	In regards to the sentence “or at such time a Regional Care Organization assumes the management of maternity service in a district or region”, will this be an all or none issue or can individual districts progress into the RCO once a district has obtained operational status?	That is yet to be determined.
21	15-16	Section II. D.2.g Scope of Work, Maternity Care Program Guidelines	A. For the Letters of Intent to Contract from our subcontractors, for group practices, does each physician need to sign or can just an authorized representative of the group sign?	A. Letters of Intent are used to determine network adequacy. Each member of the group must sign.

			B. As actual payment amounts may not be known until contract award of requested bid price, is it acceptable to state for rate or methodology “to be negotiated upon contract award”?	B. Yes
22	45-46	VI. Corporate Background and References	A. Requested info such as three years of audited financial statements that are already audited by the state and a matter of public record--- is submission of this needed for the RFP?	A. Yes, as stated in Section VI.b.8 , entities submitting Proposals must provide a description of the Vendor’s organization, including evidence that the Vendor is financially stable and that it has the necessary infrastructure to complete this contract as described in the Vendor’s Proposal. The Vendor must provide audited financial statements for the last three years, or similar evidence of financial stability for the last three years.
			B. For the requirement of listing of current corporate contracts held, are they referring to any and all contracts held by the larger University system umbrella or specifically Medicaid and/or maternity care related contracts only?	B. The Vendor who is submitting the Proposal must comply with Section VI Corporate Background and References .
			C. For Senior Managers and Partner resume requirements, at what level is this needed above the direct department management for the maternity care program housed in the larger university institutional setting?	C. Resumes for Senior Managers and Partner may include, but not limited to, board members and mid-level staff. Resumes are also required for all Care Coordinators and Directors.
24	46	VI. b.3 Corporate Background and References	Can you clarify if number of employees is total number of employees in organization or only the number of employees whose tasks and responsibilities are related to the Maternity Care Program?	Yes, the total number is for number of employees in the organization.

25	46	VI. b.3 Corporate Background and References	Can you give us examples of the type of resources that should be disclosed?	The following list provides examples of types of resources. Type of resources may include, but not limited to, contractors, business partners, subcontractors, etc.
	46	VI. b.5 Corporate Background and References	List of all similar projects Vendor has completed within the last three years. Can you give us examples of the type of projects you are referring to?	Any similar projects related to Maternity services can be provided by the Vendor.
	46	VI. b.7 Corporate Background and References	List of all Medicaid agencies or entities for which Vendor currently performs similar work. Can you give us examples of the type of entities or agencies you are referring to?	Any similar projects related to Maternity services can be provided by the Vendor.
	64	Appendix A, Proposal Compliance Checklist	Proposal Compliance Checklist Under Basic Proposal Requirements, #7. The Proposal includes required client references (with all identifying information in specified format and order). Is the client the same as Medicaid recipients?	No, a client is a business partner or affiliation.
			A. Where do the client references go in the RFP and we are unable to find specified format and order.	A. Client references can be included as an attachment. References must include projects of similar size and scope, including contact name, title, telephone number, and address. Vendors may not use any Alabama Medicaid Agency personnel as a reference. Please refer to Amendment I of the RFP.